

Imaging Referral Form

Referred By:

Name
Address
.....
Email
Tel.....

Date/...../..... Signature.....

Patient Details:

Title Forename
Surname
Address.....
.....
DOB/...../..... Tel
Email
Possibility of pregnancy? YES / NO

Payment

☐ Patient to pay ☐ Account to referrer

I

Examination Required:

☐ Cone Beam CT: ☐ Patient to wear stent
☐ Digital Panoramic ☐ Digital Full Mouth Peri apicals

Purpose: This field is mandatory

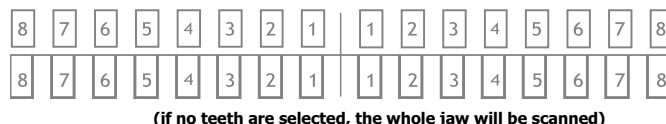
Region of Interest:

Dental:

☐ Upper jaw

☐ Lower jaw

☐ Small Volume: please use the diagram



Software Options for Cone Beam CT Scans:

☐ CT Viewer ☐ DICOM for (please indicate) R2 Gate ☐
SimPlant Conversions: ☐ One Shot ☐ View ☐ Planner ☐ Please contact me to discuss

Delivery Options:

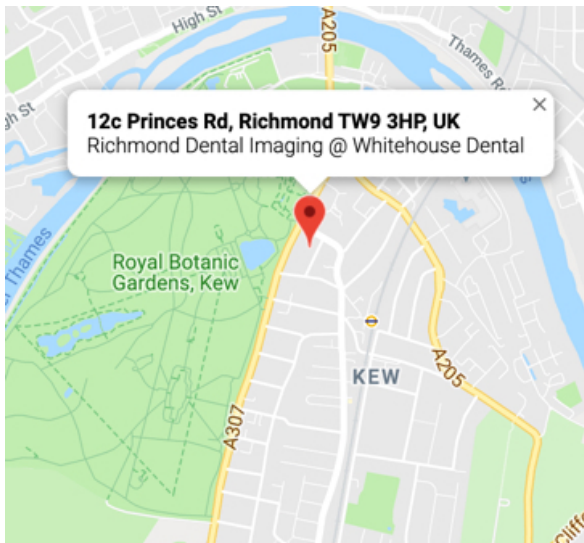
☐ CD ☐ Via encrypted file

Notes

e.g. specific imaging parameters / protocols / **scanner preference** / concern / **medical history**

IRMER 2000 Regulations: Richmond Dental Imaging does not routinely report upon scans or radiographs. To comply with the IRMER 2000 regulations all radiographs and scans are required to be reviewed and reported into the clinical notes by the referring practitioner or by a radiologist. Richmond Dental Imaging strongly recommends that all CT and other radiographic examinations should be reported upon to rule out the possibility of coincidental pathology. Richmond Dental Imaging offers a reporting service by a Consultant Radiologist.

- ☐ I have added my patient's **medical history** in the notes above for this radiographic examination to be reported upon by your Consultant Radiologist
☐ I will make my own reporting arrangements



By Car

We are at 123c Princes Road, Richmond, TW9 3HP

Parking

There are several nearby Pay and Display bays outside and in surrounding roads

By Train

Our nearest rail station is Kew (London Underground) or Kew Bridge (mainline) or 65 bus

Disabled access

If you have any special requirements, please call in advance to ensure we are able to meet them.

Contact us

Email: mail@dentistinrichmond.co.uk

Tel 020 8940 3444

Appointment times:

Please call us to book an appointment.

Please allow 30 minutes for your examination.

Please pay by card. We accept all major credit cards but not Amex.

Standard Terms & Conditions:

Richmond Dental Imaging services and products aim at assisting professionals and patients in diagnosis and treatment planning. Richmond Dental Imaging is not providing and is not responsible for providing any interpretation of images or clinical service such as diagnosis or treatment. Radiology reports can be ordered through Richmond Dental Imaging; they are provided under the named radiologist's professional responsibility, not under the responsibility of Richmond Dental Imaging. Data conversion (e.g. Implant, tracing) can be ordered through Richmond Dental Imaging but the results are not the responsibility of Richmond Dental Imaging.

Richmond Dental Imaging endeavours to provide the very highest quality results, however Richmond Dental Imaging will not accept any liability for incorrect or incomplete information on the referral form or inappropriate or inadequate patient preparation which may compromise the value of the final results. By referring a patient, the referring practitioner agrees to the terms of the Richmond Dental Imaging standard Service Level Agreement.

Richmond Dental Imaging endeavours to dispatch the images to the referrer and/or the patient as quickly as possible, however e.g. equipment malfunction may introduce delays. Richmond Dental Imaging reserves the right not to accept referrals in such cases. Also, Richmond Dental Imaging cannot guarantee when radiology reports and data conversions will be available to the referrers as they are services that we outsource. Richmond Dental Imaging must be notified 24 hours in advance of the patient's visit to the imaging center if a particular urgent service is required.

* To be completed by the patient on the day of visit:

Patients who are self-paying for the service(s) that Richmond Dental Imaging provides, need to settle their accounts on the day of their visit. If not, delay in the processing of the order or the delivery of the complete service may occur.

Patients who are not self-paying for the service(s) that Richmond Dental Imaging provides, will have the invoice for the service(s) sent to their insurer, referrer, or third party, providing adequate documentation is given to us.

Richmond Dental Imaging cannot accept any liability for any disagreement between patients and their insurer, referrer, or third party providing payment to Richmond Dental Imaging on their behalf. In the event of non-payment to Richmond Dental Imaging, within 2 months of the delivery of the service, the patient is ultimately responsible for settling the invoice.

I confirm that I have read and understood the terms and conditions above.

Name _____ Date _____ Signature _____